

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WAS		1/14/00
O.I.P.E. CLASSIFIER	✓	6	2-8-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SW	6-4130	2-8

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	2/12/00	
2	✓	10/10/00	
3	✓	10/10/00	
4	✓	10/10/00	
5	✓	10/10/00	
6	✓	10/10/00	
7	✓	10/10/00	
8	✓	10/10/00	
9	✓	10/10/00	
10	✓	10/10/00	
11	✓	10/10/00	
12	✓	10/10/00	
13	✓	10/10/00	
14	✓	10/10/00	
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25	✓	10/10/00	
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27	✓	10/10/00	
28	✓	10/10/00	
29	✓	10/10/00	
30	✓	10/10/00	
31	✓	10/10/00	
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If more than 150 claims or 10 actions  
staple additional sheet here

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